Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information uniters & displays a valid CMB control number. Approved for use through 7/31/2006, OMB 0651-0032 U.S. Patera and Tradement Office; U.S. DEPARTMENT OF COMMERCE Application or Docker Humber Substitute for Form PTO-875 Effective December 6, 2004 APPLICATION AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASICFEE RATE FEE (1) (37 CFR) 16(0) (b) a (c)) NA RATE (S) FEE (8) SEARCH FEE N/A 150.00 N/A (37 CFR 1 16(U. (1), or (m)) 300.00 NA N/A NA EXAMINATION FEE \$250 NIA (37 CFR 1 16(0). (p), or (Q)) NA \$500 N/A NA TOTAL CLAIMS \$100 N/A \$200 (37 OFR 1 16(1) minus 20 e X\$ 25 INDEPENDENT CLAIMS X\$50 OR (37 CFR 1 16(h)) minus 3 a X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1 16(t)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16()) +180= +360e of the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY OR CLAIMS HIGHEST SMALL ENTITY ⋖ REMAINING NUMBER PRESENT RATE (\$) **AFTER** ENDMENT PREVIOUSLY ADDI-EXTRA RATE (\$) AMENDMENT ADO: TIONAL PAID FOR Total DICFR 1.160 TIONAL FEE (\$) Minus FEE (1) X\$ 25 Independent (3) CFR (,14n) X\$50 Minus OR X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180= +360= **O**R TOTAL TOTAL ADO'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST $\boldsymbol{\omega}$ REMAINING NUMBER PRESENT AMENDMENT RATE (5) AFTER ADDI-PREVIOUSLY **EXTRA** AMENDMENT RATE (\$) ADDI-PAID FOR TIONAL Total profession TIONAL Minus FEE (\$). FEE (\$) X\$ 25 Independent Of CFR 1.16(h)) X\$50 Minus OR X100. Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE

If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For (North SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

s collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. uding gathering, preparing, and submitting the completed appacation form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent Trademark Office, U.S. Department of Contrience, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS RESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.